

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

WHEEL CHAIR VAN TRANSPORT CERTIFICATE
FOR

ACT MEDICAL TRANSPORT SERVICES,
LLC

224941
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA 8/1/2010

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 249 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: JENNIFER HARMON

Telephone: (864) 373-9751

Address: 211 KERNS AVE

Fax: (864) 373-9753

GREENVILLE, SC 29609

Other:

Email: JHARMON@ACTMEDICALTRANSPORT.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JUL 21 2010

PSC SC
CLERK'S OFFICE

100

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 19 July 2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ACT MEDICAL TRANSPORT SERVICES LLC

211 KERNS AVE GREENVILLE SC 29609
Street Address of Applicant

P.O. BOX 1338 TRAVELERS REST SC 29690
Mailing Address of Applicant if different from street address

(864) 373-9751
Phone

(864) 373-9753
Fax

JHARMON@ACTMEDICALTRANSPORT.COM
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

TAUSIE SAYLORS 45 COX ST. TRAVELERS REST, SC 29690

JENNIFER HARMON 101-D DAYTON DR. EASLEY, SC 29642

JUDITH McCAMBRIDGE 96 LARK DR GREENVILLE, SC 29609

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2010

Assets:

Cash	\$ 9,203.44
Receivables	ϕ
Real Estate	ϕ
Buildings and Equipment (Net)	\$ 16,542.40
Motor Vehicles (Net)	\$ 10,000.00
Garage Equipment (Net)	ϕ
Machinery and Tools (Net)	ϕ
Supplies on Hand	ϕ
Prepays and Other Assets	
Total Assets	\$ 35,745.84
<u>Liabilities and Equity:</u>	
Accounts Payable	ϕ
Notes Payable	ϕ
Mortgages Payable	ϕ
Equipment Obligations	ϕ
Accrued Salaries and Wages	ϕ
Other Accrued Obligations	ϕ
Other Liabilities	ϕ
Total Liabilities	ϕ
Capital Stock	ϕ
Retained Earnings	ϕ
Total Equity	\$ 35,745.84
Total Liabilities and Equity	\$ 35,745.84

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 75.00 ONE WAY AND \$ 8.00 A MILE

Counties to be Served: ALL OF SOUTH CAROLINA

Maximum Number of Passengers per Vehicle:

7

DESCRIPTION OF EQUIPMENT

[illegible]

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

ACT Medical Transport, LLC

Name of Motor Carrier

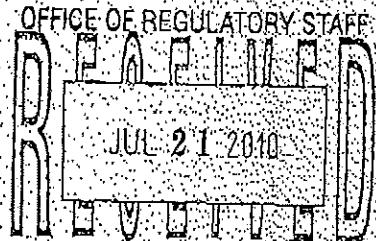
211 Kearns Ave. Greenville, SC 29609

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 14,587 Auto \$10,196.00 GL

The above quoted premium is for a term of 12 months.



Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

Empire Fire & Marine Insurance Company

Name of Insurance Company


13810 FNB Parkway Omaha, NE 68154-5202

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7-16-10

Date


Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/15/2010

PRODUCER (864)585-2256 FAX (864)585-1345
George Johnson Insurance, Inc.
Bldg 300,314 South Pine Street
Post Office Box 6160
Spartanburg, SC 29304-6160

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED ACT Medical Transport Services, LLC
211 Kearns Ave
Greenville, SC 29609

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Empire Fire & Marine Ins Co

INSURER B: Key Risk Insurance Company

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CL316579	10/23/2009	10/23/2010	BACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$ 1,000,000
A	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CL316578	10/23/2009	10/23/2010	GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
	GARAGE LIABILITY				AUTO ONLY: AGG \$
	<input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
	EXCESS/UMBRELLA LIABILITY				\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC-39-39-009074-01	10/24/2009	10/24/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Ref: 2005 Ford E250 Van - 1FTNE24W05HB44643

Full coverage

Comp Ded \$1,000

Coll Ded \$1,000

OFFICE OF REGULATORY STAFF

RECEIVED
JUL 21 2010

CERTIFICATE HOLDER

For Info Only - Auto

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

A Milner, III AAI

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Exhibit FWA

ACT MEDICAL TRANSPORT SERVICES, LLC
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Greenville

Jennifer Harmon
Applicant's Signature

I,

Jennifer Harmon
Name of Applicant's Representative

VP/Director
Title

of

ACT Medical Transport Services LLC
Applicant

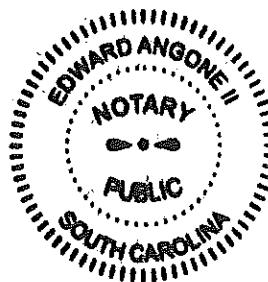
the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Jennifer Harmon
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 19th day of July, 2010

Edward Angone II
Notary Public

Commission Expires 4/5/16



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ACT MEDICAL TRANSPORT SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 14th, 2008, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the
State of South Carolina this 16th day of October,
2008

A handwritten signature of Mark Hammond in black ink, written over a horizontal line.

Mark Hammond, Secretary of State